

**EFFECTIVE INSTRUCTIONAL LEADERSHIP ACT (EILA)  
2004-2006 CYCLE  
PROVIDER PROPOSAL FORM  
(See EILA Technical Assistance Manual, Page 4 for explanation)**

Submit proposals to [KDEEILA@kde.state.ky.us](mailto:KDEEILA@kde.state.ky.us) Proposals must be submitted at least thirty (30) days prior to the first scheduled program to be reviewed for approval. Proposals submitted after training session has occurred will not be reviewed.

**Program Name:**

**Name of Contact Person:**

**Address:**

**City:**

**State:**

**Zip:**

**Phone Number:**

**E-mail Address:**

**Seeking SBDM Experienced Training Approval:** ☐ Yes ☐ No

**Number of Contact Hours Requested:**

**Intended Audience:**

|  |   |
|--|---|
| <input type="checkbox"/> Superintendent                | <input type="checkbox"/> Principal          |
| <input type="checkbox"/> Director of Special Education | <input type="checkbox"/> Guidance Counselor |
| <input type="checkbox"/> Supervisor of Instruction     | <input type="checkbox"/> Other              |

**Program Date (Date of first offering):**

**Program Description (50 words or less):**

**Identify Participants' Stage of Professional Development:**

- ☐ Orientation/Awareness (Developing initial knowledge and understanding)
- ☐ Preparation/Application (Developing skills to begin implementation)
- ☐ Implementation/Management (Mastering skills for performing or achieving the identified goals/objectives)
- ☐ Refinement/Innovation (Modifying for more effective application)

**Identify Standards and Indicators for School Improvement Addressed in Program Content:**

- ☐ Standard 1 ☐ Standard 2 ☐ Standard 3 ☐ Standard 4 ☐ Standard 5  
☐ Standard 6 ☐ Standard 7 ☐ Standard 8 ☐ Standard 9